

(When Filled In)

PROJECT PROGRESS REPORT				PERIOD COVERED	
				FROM	THRU
1. REPORTING AGENCY IAC		2. NAME OF CONTACT [REDACTED]		3. TELEPHONE NO.	
4. PROGRAM TITLE Autopilot Improvement				25X1A5a1	
5. STATUS OF PROGRAM					
PROGRAM		TESTING			
5. <input type="checkbox"/> PLANNING <input type="checkbox"/> ACTIVE		6. <input type="checkbox"/> PLANNING <input type="checkbox"/> ACTIVE <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CANCELLED			
7. OBJECTIVE OF TESTS Improve autopilot installation to obtain more consistent operation.					
8. PRIORITY		9. DATE PROGRAM INITIATED		10. DATE TESTING INITIATED	
				11. DATE OF ESTIMATED TEST COMPLETION	
12. OPERATING TIME					
TEST ARTICLE	TOTAL TEST HOURS OR RUNS RQR	HOURS OR RUNS THIS PERIOD		TOTAL HOURS OR RUNS TO DATE	
13. COMMENTS Other work has prevented any further work on this program.					